



POTENTIAL HAZARDOUS WASTE SITE  
IDENTIFICATION AND PRELIMINARY ASSESSMENT

REGION 6 SITE NUMBER (to be assigned by HQ)

NOTE: This form is completed for each potential hazardous waste site to help set priorities for site inspection. The information submitted on this form is based on available records and may be updated on subsequent forms as a result of additional inquiries and on-site inspections.

GENERAL INSTRUCTIONS: Complete Sections I and III through X as completely as possible before Section II (Preliminary Assessment). File this form in the Regional Hazardous Waste Log File and submit a copy to: U.S. Environmental Protection Agency; Site Tracking System; Hazardous Waste Enforcement Task Force (EN-375); 401 M St., SW; Washington, DC 20460.

## I. SITE IDENTIFICATION

A. SITE NAME <i>Neches Butane #3 Landfarm</i>	B. STREET (or other identifier) <i>P.O. Box 817</i>		
C. CITY <i>Fort No. 1, Box TX0008063414</i>	D. STATE <i>Texas</i>	E. ZIP CODE <i>77651</i>	F. COUNTY NAME <i>Jefferson</i>
G. OWNER/OPERATOR (if known) <i>A. Catanach, Environmental Coordinator</i>	H. TELEPHONE NUMBER <i>713-722-3461</i>		
I. NAME <i>John Catanach</i>			
J. TYPE OF OWNERSHIP <input type="checkbox"/> 1. FEDERAL <input type="checkbox"/> 2. STATE <input type="checkbox"/> 3. COUNTY <input type="checkbox"/> 4. MUNICIPAL <input checked="" type="checkbox"/> 5. PRIVATE <input type="checkbox"/> 6. UNKNOWN			

K. SITE DESCRIPTION  
*+ lot type land farming operation with 0.25 miles of a residential subdivision.*

L. HOW IDENTIFIED (i.e., citizen's complaint, OSHA citations, etc.) <i>Eckhardt list</i>	M. DATE IDENTIFIED <i>11/01/79</i>
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N. PRINCIPAL STATE CONTACT 1. NAME <i>Vel Swoboda TDWR Dist 6</i>	O. TELEPHONE NUMBER <i>713 883-2973</i>
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II. PRELIMINARY ASSESSMENT (complete this section last)					
A. APPARENT SERIOUSNESS OF PROBLEM <input type="checkbox"/> 1. HIGH <input type="checkbox"/> 2. MEDIUM <input type="checkbox"/> 3. LOW <input checked="" type="checkbox"/> 4. NONE <input type="checkbox"/> 5. UNKNOWN					
B. RECOMMENDATION <input checked="" type="checkbox"/> 1. NO ACTION NEEDED (no hazard) <input type="checkbox"/> 2. SITE INSPECTION NEEDED <input type="checkbox"/> 3. TENTATIVELY SCHEDULED FOR:  <input type="checkbox"/> 4. WILL BE PERFORMED BY:  <input type="checkbox"/> 5. WILL BE PERFORMED BY:  <input type="checkbox"/> 6. SITE INSPECTION NEEDED (low priority)					

P. PREPARER INFORMATION 1. NAME <i>Jack Wiesenau</i>	Q. TELEPHONE NUMBER <i>8-729-8941</i>	R. DATE (MOY. DAY & YR) <i>01/24/80</i>
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III. SITE INFORMATION					
A. SITE STATUS <input checked="" type="checkbox"/> 1. ACTIVE (Those industrial or institutional sites which are being used for waste treatment, storage, or disposal on a continuing basis, even if infrequent). <input type="checkbox"/> 2. INACTIVE (Those sites which no longer receive wastes). <input type="checkbox"/> 3. OTHER (specify): <i>(These sites that include such incidents like "midnight dumping" where no regular or continuing use of the site for waste disposal has occurred.)</i>					
B. IS GENERATOR ON SITE? <input type="checkbox"/> 1. NO <input checked="" type="checkbox"/> 2. YES (specify generator's four-digit SIC Code): <i>SEP 10 1992</i>					
C. AREA OF SITE (in acres) <i>55 acres</i>		D. IF APPARENT SERIOUSNESS OF SITE IS HIGH, SPECIFY COORDINATES 1. LATITUDE (deg-min-sec.) 2. LONGITUDE (deg-min-sec.) <i>REORGANIZED</i>			
E. ARE THERE BUILDINGS ON THE SITE? <input checked="" type="checkbox"/> 1. NO <input type="checkbox"/> 2. YES (specify): <i>None</i>					

**IV. CHARACTERIZATION OF SITE ACTIVITY**

Indicate the major site activity(ies) and details relating to each activity by marking 'X' in the appropriate boxes.

<input checked="" type="checkbox"/> A. TRANSPORTER	<input checked="" type="checkbox"/> B. STORER	<input checked="" type="checkbox"/> C. TREATER	<input checked="" type="checkbox"/> D. DISPOSER
1. RAIL	1. PILE	1. FILTRATION	1. LANDFILL
2. SHIP	2. SURFACE IMPOUNDMENT	2. INCINERATION	2. LANDFARM
3. BARGE	3. DRUMS	3. VOLUME REDUCTION	3. OPEN DUMP
4. TRUCK	4. TANK, ABOVE GROUND	4. RECYCLING/RECOVERY	4. SURFACE IMPOUNDMENT
5. PIPELINE	5. TANK, BELOW GROUND	5. CHEM./PHYS. TREATMENT	5. MIDNIGHT DUMPING
6. OTHER (specify):	6. OTHER (specify):	6. BIOLOGICAL TREATMENT	6. INCINERATION
		7. WASTE OIL REPROCESSING	7. UNDERGROUND INJECTION
		8. SOLVENT RECOVERY	8. OTHER (specify):
		9. OTHER (specify):	

**E. SPECIFY DETAILS OF SITE ACTIVITIES AS NEEDED****V. WASTE RELATED INFORMATION****A. WASTE TYPE**

1. UNKNOWN     2. LIQUID     3. SOLID     4. SLUDGE     5. GAS

**B. WASTE CHARACTERISTICS**

1. UNKNOWN     2. CORROSIVE     3. IGNITABLE     4. RADIOACTIVE     5. HIGHLY VOLATILE  
 6. TOXIC     7. REACTIVE     8. INERT     9. FLAMMABLE

10. OTHER (specify): Biodegradable Sludge

**C. WASTE CATEGORIES**

1. Are records of wastes available? Specify items such as manifests, inventories, etc. below.

2. Estimate the amount/specify unit of measure) of waste by category; mark 'X' to indicate which wastes are present.

a. SLUDGE	b. OIL	c. SOLVENTS	d. CHEMICALS	e. SOLIDS	f. OTHER
AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT	AMOUNT
UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE	UNIT OF MEASURE
<input checked="" type="checkbox"/> (1) PAINT, PIGMENTS	<input checked="" type="checkbox"/> (1) OILY WASTES	<input checked="" type="checkbox"/> (1) HALOGENATED SOLVENTS	<input checked="" type="checkbox"/> (1) ACIDS	<input checked="" type="checkbox"/> (1) FLYASH	<input checked="" type="checkbox"/> (1) LABORATORY PHARMACEUT.
(2) METALS SLUDGES	<input type="checkbox"/> (2) OTHER (specify):  Tr. laundry sludge Chemical Industrial wastewater change.	<input type="checkbox"/> (2) NON-HALOGENATED SOLVENTS	<input type="checkbox"/> (2) PICKLING LIQUORS	<input type="checkbox"/> (2) ASBESTOS	<input type="checkbox"/> (2) HOSPITAL
(3) POTW		<input type="checkbox"/> (3) OTHER (specify):	<input type="checkbox"/> (3) CAUSTICS	<input type="checkbox"/> (3) MILLING/MINE TAILINGS	<input type="checkbox"/> (3) RADIOACTIVE
(4) ALUMINUM SLUDGE			<input type="checkbox"/> (4) PESTICIDES	<input type="checkbox"/> (4) FERROUS SMLTG. WASTES	<input type="checkbox"/> (4) MUNICIPAL
<input checked="" type="checkbox"/> (5) OTHER (specify):			<input type="checkbox"/> (5) DYES/INKS	<input type="checkbox"/> (5) NON-FERROUS SMLTG. WASTES	<input type="checkbox"/> (5) OTHER (specify):
			<input type="checkbox"/> (6) CYANIDE	<input type="checkbox"/> (6) OTHER (specify):	
			<input type="checkbox"/> (7) PHENOLS		
			<input type="checkbox"/> (8) HALOGENS		
			<input type="checkbox"/> (9) PCB		
			<input type="checkbox"/> (10) METALS		
			<input type="checkbox"/> (11) OTHER (specify):		

## V. WASTE RELATED INFORMATION (continued)

3. LIST SUBSTANCES OF GREATEST CONCERN WHICH MAY BE ON THE SITE (place in descending order of hazard).

4. ADDITIONAL COMMENTS OR NARRATIVE DESCRIPTION OF SITUATION KNOWN OR REPORTED TO EXIST AT THE SITE.

## VI. HAZARD DESCRIPTION

A. TYPE OF HAZARD	B. POTENTIAL HAZARD (mark 'X')	C. ALLEGED INCIDENT (mark 'X')	D. DATE OF INCIDENT (month, day, year)	E. REMARKS
1. NO HAZARD	X			
2. HUMAN HEALTH				
3. NON-WORKER INJURY/EXPOSURE				
4. WORKER INJURY				
5. CONTAMINATION OF WATER SUPPLY				
6. CONTAMINATION OF FOOD CHAIN				
7. CONTAMINATION OF GROUND WATER				
8. CONTAMINATION OF SURFACE WATER				
9. DAMAGE TO FLORA/FAUNA				
10. FISH KILL				
11. CONTAMINATION OF AIR				
12. NOTICEABLE ODORS				
13. CONTAMINATION OF SOIL				
14. PROPERTY DAMAGE				
15. FIRE OR EXPLOSION				
16. SPILLS/LEAKING CONTAINERS/RUNOFF/STANDING LIQUIDS				
17. SEWER, STORM DRAIN PROBLEMS				
18. EROSION PROBLEMS				
19. INADEQUATE SECURITY				
20. INCOMPATIBLE WASTES				
21. MIDNIGHT CUMPING				
22. OTHER (specify):				

<b>VII. PERMIT INFORMATION</b>																												
<b>A. INDICATE ALL APPLICABLE PERMITS HELD BY THE SITE.</b>																												
<input checked="" type="checkbox"/> 1. NPDES PERMIT	<input type="checkbox"/> 2. SPCC PLAN	<input type="checkbox"/> 3. STATE PERMIT (specify): Wisconsin 2050 B1044																										
<input type="checkbox"/> 4. AIR PERMITS	<input type="checkbox"/> 5. LOCAL PERMIT	<input type="checkbox"/> 6. RCRA TRANSPORTER																										
<input type="checkbox"/> 7. RCRA STORER	<input type="checkbox"/> 8. RCRA TREATER	<input type="checkbox"/> 9. RCRA DISPOSER																										
<b>B. IN COMPLIANCE?</b>																												
<input checked="" type="checkbox"/> 1. YES	<input type="checkbox"/> 2. NO	<input type="checkbox"/> 3. UNKNOWN																										
<b>C. WITH RESPECT TO (list regulation name &amp; number):</b>																												
<b>VIII. PAST REGULATORY ACTIONS</b>																												
<input type="checkbox"/> A. NONE <input checked="" type="checkbox"/> B. YES (summarize below)																												
<p>Handwritten notes:</p> <table border="1"> <tr> <td>1. TYPE OF ACTIVITY</td> <td>2. DATE OF PAST ACTION (mo., day, &amp; yr.)</td> <td>3. PERFORMED BY: (EPA/State)</td> <td>4. DESCRIPTION</td> </tr> <tr> <td>Routine inspection</td> <td>11/14/79</td> <td>State</td> <td></td> </tr> <tr> <td>Land waste removal</td> <td>01/07/80</td> <td>State</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>									1. TYPE OF ACTIVITY	2. DATE OF PAST ACTION (mo., day, & yr.)	3. PERFORMED BY: (EPA/State)	4. DESCRIPTION	Routine inspection	11/14/79	State		Land waste removal	01/07/80	State									
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<b>X. INSPECTION ACTIVITY (past or on-going)</b>																												
<input checked="" type="checkbox"/> A. NONE <input type="checkbox"/> B. YES (complete items 1, 2, 3, & 4 below)																												
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<b>X. REMEDIAL ACTIVITY (past or on-going)</b>																												
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<p><b>NOTE:</b> Based on the information in Sections III through X, fill out the Preliminary Assessment (Section II) information on the first page of this form.</p>																												

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